Promoting Wellness and Recovery

John R. Kasich, *Governor*
Tracy J. Plouck, *Director*

The Journey to CLAS!

Implementing Culturally & Linguistically Appropriate Services

CPH HEALTH EQUITY TRAINING SERIES
WEDNESDAY, AUGUST 31, 2016

Objectives

- Understand (CLAS) Standards in concept and important benchmarks necessary to implement them.
- Discuss the factors that impede organizational focus on equity
- Understand the steps needed to begin addressing disparities/cultural and linguistic competency

CLAS Standards

"The collective set of CLAS guidelines and recommendations issued by the HHS Office of Minority Health intended to inform, guide, and facilitate recommended practices related to culturally and linguistically appropriate health services".

Key Terms

- Translation is the conversion of a message (usually written) from one language (the source language) into written form in another language (the target language)
- Interpretation is the conversion of a message (usually oral) from one language (the source language) into oral form in another language (the target language).
- Linguistic Competence the capacity of an organization and its personnel to effectively communicate with persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities

Comparison: 2000/2012 Standards

2000 Standards	2012 Standards
Goal: to decrease health care disparities and make practices more culturally and linguistically appropriate	Goal: to advance health equity, improve quality and help eliminate health and health care disparities.
"Culture": racial, ethnic and linguistic groups	"Culture": racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics
Audience: health care organizations	Audience: health and health care organizations
Implicit definition of health	Explicit definition of health to include physical, mental, social and spiritual well-being
Recipients: patients and consumers	Recipients: individuals and groups

Original CLAS Standards

- Mandates required by current federal laws for all recipients of federal funds...these standards are the most critical level of stringency and are "mandated". This does not mean they are the highest standards or best practices. (Standards 4 - 7)
- Guidelines recommended for adoption as mandates by federal, state and accrediting agencies...these standards are the "guidelines" currently recommended for adoption as mandates by federal, state and accreditation bodies. (Standards 1-3 and 8-13)
- Recommendation suggestion for voluntary adoption by healthcare organizations. (Standard 14)

Enhanced CLAS Standards

- Promote collective adoption of all Standards as the most effective approach to improve the health and well-bring of all individuals
- Intended to be used together, as mutually reinforcing actions
- Equally important to advance health equity, improve quality, and help eliminate health care disparities

About CLAS

Principal Standard

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

About CLAS

Theme 1: Governance, Leadership, and Workforce (Standards 2-4)

Provides guidance on developing leadership capacity in Healthcare organizations for promoting and sustaining CLAS.

About CLAS

Theme 2: Communication and Language Assistance (Standards 5-8) Mandated

Provides recommendations to health care organizations for addressing language and other communication barriers to adequately meet the needs of people with limited English proficiency

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About CLAS

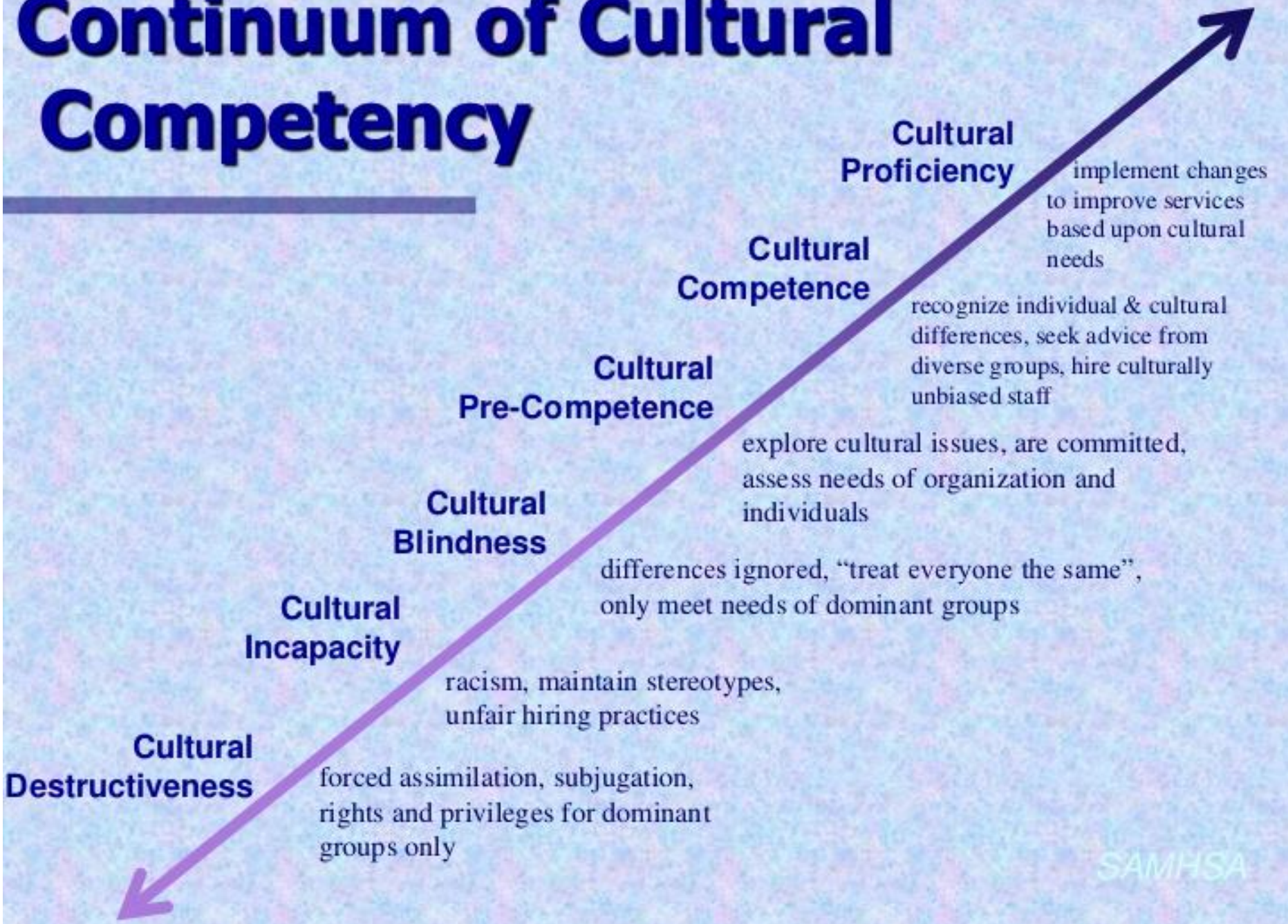
Theme 3: Engagement, Continuous Improvement, and Accountability (9-15)

Provides a blueprint for establishing community engagement and includes recommendations on conducting community assessment

The Journey

- What is the org temperature?
- Who are the "change agents"?
- Do policies reflect the necessary focus?
- What resources are available to launch program development?

Continuum of Cultural Competency

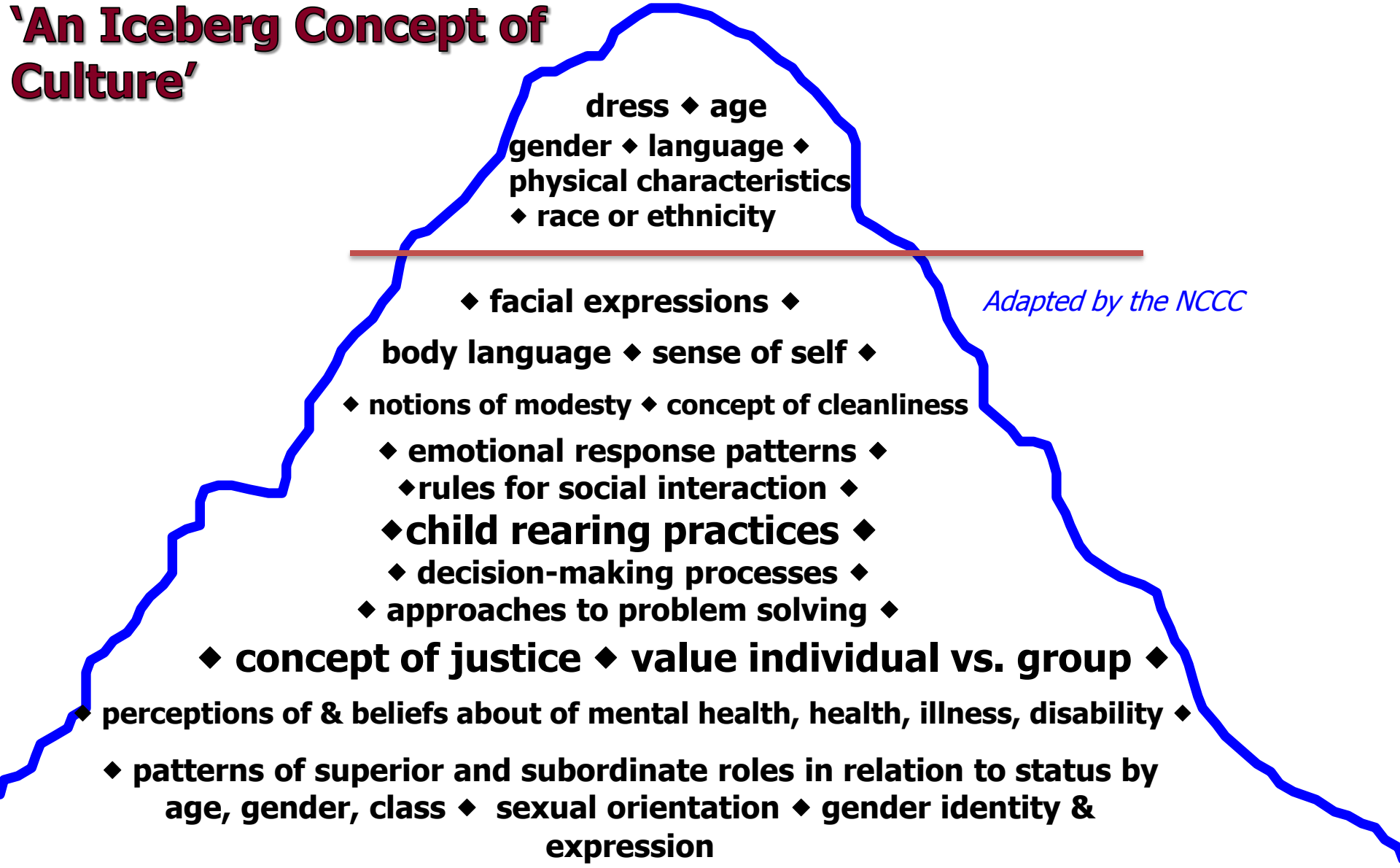


Competency/Humility

	Cultural Competence	Cultural Humility
Goals	To build an understanding of cultures to better and more appropriately provide services	To encourage personal reflection and growth around culture in order to increase awareness of service providers
Values	• Knowledge • Training	• Introspection • Co-learning
Promotes	• Skill building	• A life journey of growth and understanding • Mutually beneficial relationship between professionals and clients

Cultural Humility

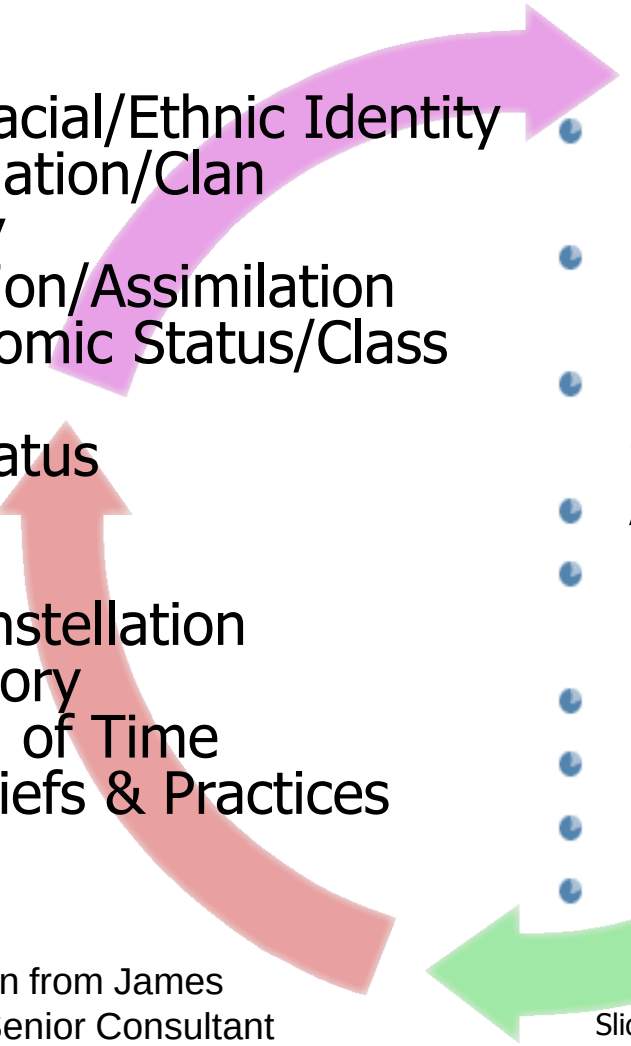
'An Iceberg Concept of Culture'



Adapted by the NCCC

Factors that Influence Diversity

- Cultural/Racial/Ethnic Identity
- Tribal Affiliation/Clan
- Nationality
- Acculturation/Assimilation
- Socioeconomic Status/Class
- Education
- Military Status
- Language
- Literacy
- Family Constellation
- Social History
- Perception of Time
- Health Beliefs & Practices



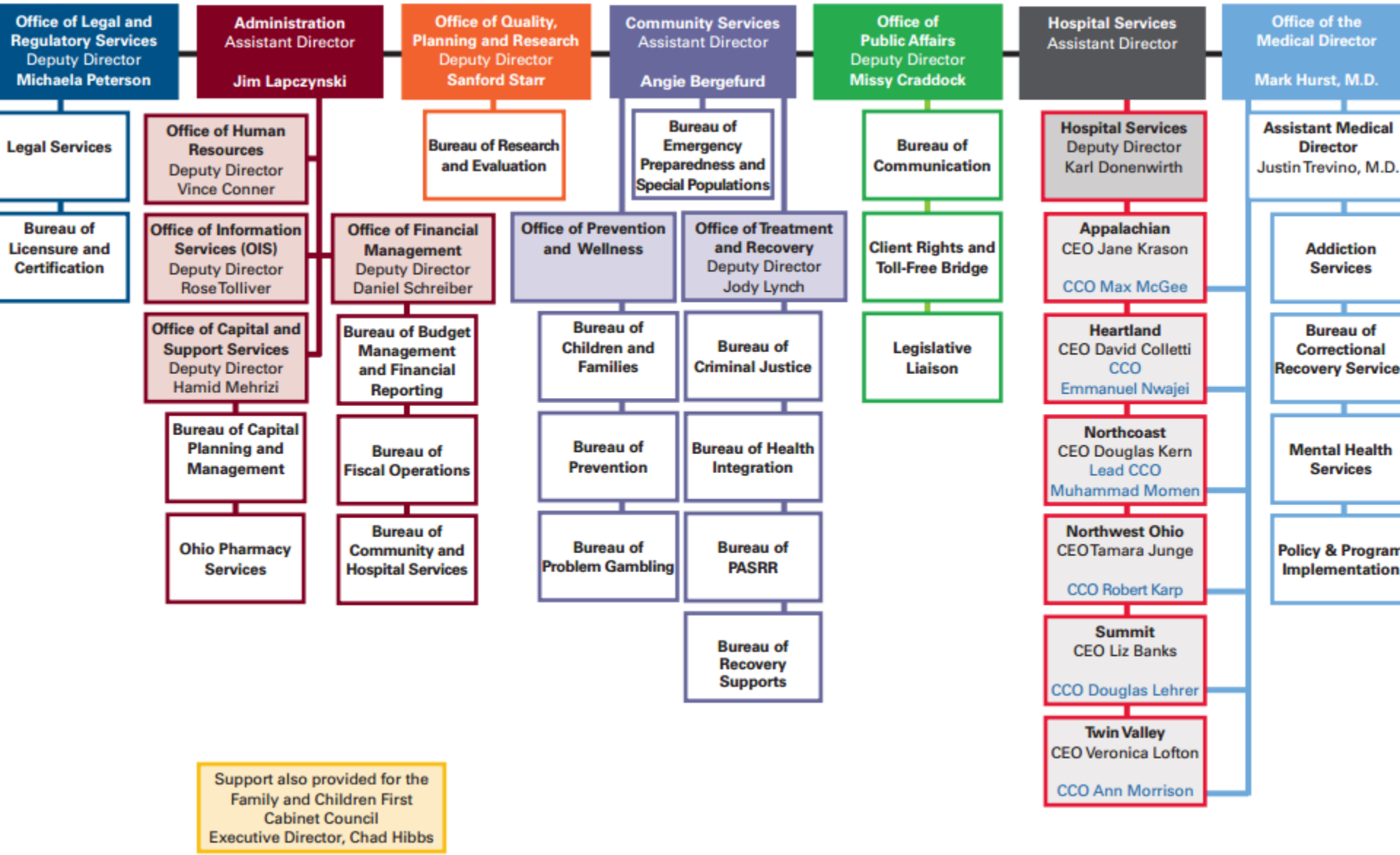
- Health & Mental Health Literacy
- Beliefs about Disability or Mental Health
- Lived Experience of Disability or Mental Illness
- Age & Life Cycle Issues
- Gender, Gender Identity & Expression
- Sexual Orientation
- Religion & Spiritual Views
- Spatial & Regional Patterns
- Political Orientation/Affiliation

Adapted with permission from James Mason, Ph.D., NCCC Senior Consultant

Prochaska's Stages of Change

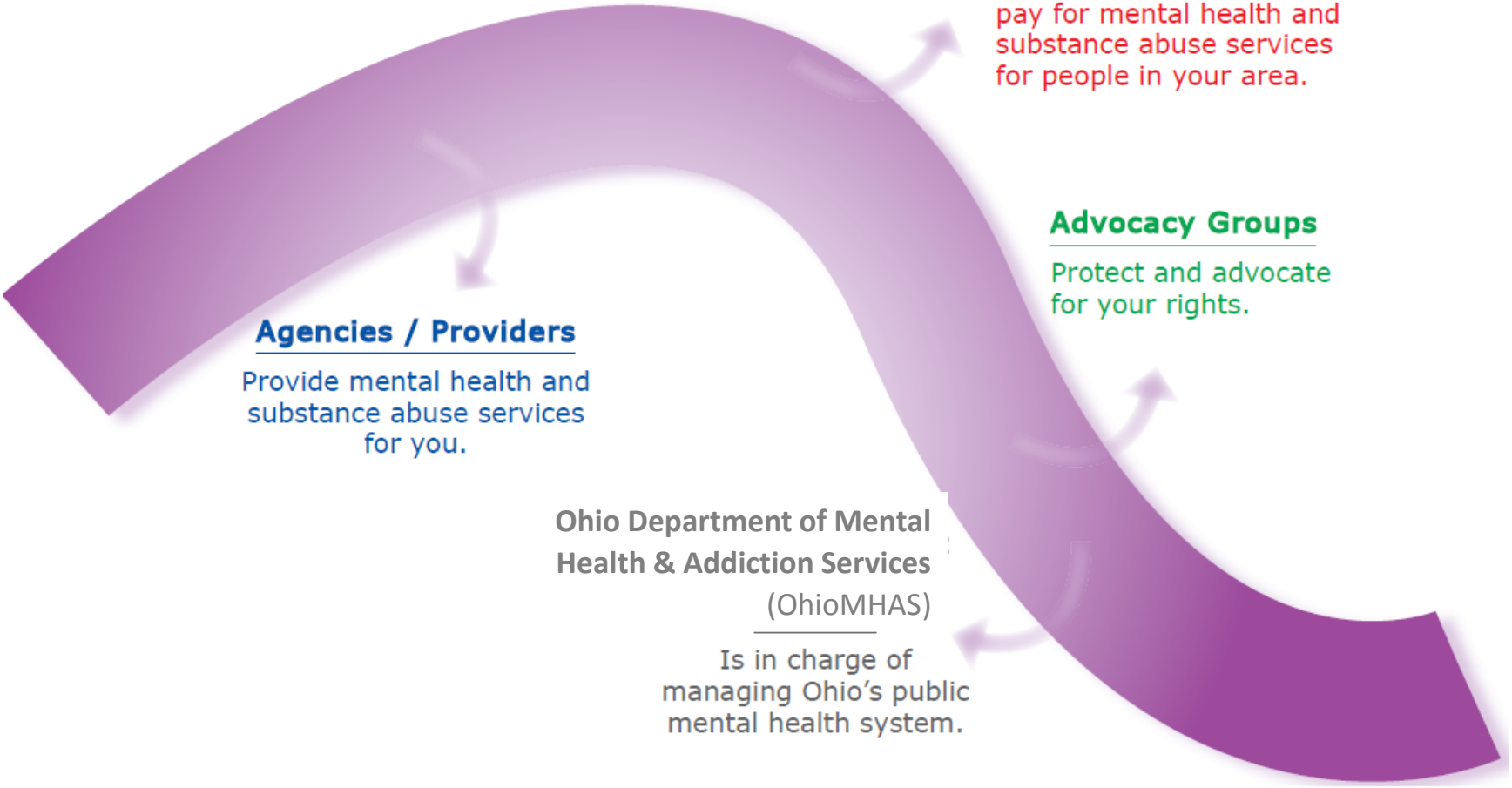
Pre-contemplation	No intention to take action in the foreseeable future; unaware or under-aware of the need for change
Contemplation	Aware that problem exists and seriously thinking about overcoming it; but not has not yet made a commitment
Preparation	Combines intention and behavioral criteria; initiation of 'baby steps'
Action	Modification of behavior, experiences, and environment; short-term changes in place and planning for long-term change
Maintenance	Consolidates the gains attained during the action phase and works to prevent relapse

Begin the Journey



Begin the Journey

An Overview of Ohio's Public Behavioral Health System



Begin the Journey

- The Disparities and Cultural Competency (DACC) Advisory Committee was convened by OhioMHAS to address disparities that impact Ohioans across the lifespan.
- DACC is composed of OhioMHAS staff, Ohio HHS cabinet level agencies, and community organizations.
- The DACC Advisory Committee's goal is to eliminate disparities and move toward health equity.

Message from the Director

Dear OhioMHAS Stakeholder:

I am pleased to announce the release of the Ohio Department of Mental Health and Addiction Services business case for promoting health equity recently developed by the Disparities and Cultural Competency (DACC) Advisory Committee. The business case is a major component of the department's 2020 Strategic Vision focused on increasing awareness of and reducing health disparities in behavioral health.

It is our intent to share this resource for the purpose of improving system knowledge of how inefficient and ineffective services can result in higher cost when serving diverse populations. I believe that the *Business Case for Promoting Equity* is a tool that can be used to prompt further exploration of existing disparities impacting delivery of behavioral health care and treatment to all Ohioans. Please review this document and use it as a resource to guide policy development to improve health equity.

Sincerely,
Tracy J. Plouck
Director

MENTAL HEALTH & ADDICTION SERVICES | Ohio

Debunk Misconceptions

Over the years, these common responses have been heard:

- *"This is special treatment for a small group of people."*
- *"This is a rural area. We don't have any minorities here."*
- *"Our services are available to everyone."*
- *"It's an unfunded mandate. We're not getting paid for this."*
- *"There are higher priorities. Our system lacks the basic services."*
- *"These requirements are prescriptive and administratively burdensome."*

Debunk Misconceptions

- CLC is not limited to race.
- Culture constitutes a significant part of race and ethnicity distinctiveness and sometimes may reflect a more prominent role in an individual's identity.
- Factors such as socio-economic status, sexual orientation, geography, and language can determine worldviews inherent to culture.
- CLC is increasingly required by feds as a component of service delivery and accreditation bodies as standards.
- Research indicates that CLC service implementation result in substantial increases in provider knowledge/skill acquisition and improvements in provider attitudes towards diverse patient populations (Beach, et al., 2004).

Build the Case

- The non-White population in Ohio comprises 19% of the state's total population.
- The non-White population has increased 20% since 2000, while the non-Hispanic White population decreased 2 percent.
- The Hispanic population grew by 63%, and the Asian, by 45%.
- The number of immigrants in Ohio increased 33% since 2000.
- African Americans, the largest non-White population in Ohio, experienced an increase of 20% since 2000.
- The non-White population will represent a larger share of the nation's total population than their non-Hispanic White counterparts beginning in the year 2044.

Build the Case

There are several disparities in Ohio's public behavioral health system to consider:

- African Americans, Hispanic/Latinos, American Indians, and Asian Americans are less likely to receive needed treatment.
- African Americans and American Indians adults are more likely to receive a schizophrenia diagnosis.
- Asian Americans experience long lengths of stay in regional psychiatric hospitals.
- African Americans are more likely to experience unsuccessful treatment outcomes.

Build the Case

- Tseng and Streltzer 2008 found significant economic cost and burden to the public sector as a result of **health inequities, health disparities and an inadequate focus to issues of cultural competence** especially in behavioral healthcare systems.
- Laveist and Gaskins 2009 study "The Economic Burden of Health Inequalities in the United States" found that approximately 30.6% of direct medical care expenditures for Hispanics, African Americans and Asians were ***excess costs due to health inequities and premature deaths at a cost of $1.24 Trillion dollars.***

Determine the Benefit

- State and local efforts can lead to cost containment
- Can help increase the system market share reach to emerging populations
- Promotes preventive care

Make a Statement

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) is committed to:

- Supporting, endorsing, and encouraging community system partners to identify, initiate, and implement culturally and linguistically appropriate services for individuals with lived experience.
- Meeting the behavioral health and wellness needs of Ohioans in all their diversity; including providing services, programs and policies that are appropriate and accessible to our customers.
- Overcoming treatment and service inequities because it realizes that some populations experience disparities at a higher rate when compared to the general population.

Define Key Terms

Disparities

"Differences in the incidence, prevalence, mortality, and burden of diseases and otherwise adverse health conditions that exist among specific population groups in the United State."

Minority Health and Human Disparities Research and Education Act. United States Public Law 106-525 (2000), p. 2498.

Define Key Terms

Health Equity

Equal opportunity for all population groups to be healthy. Equity is the absence of socially unjust or unfair disparities in access to services, quality of services, and health and behavioral health outcomes.

Braveman, P., & Gruskin, S. (2003). Defining equity in health. Journal of Epidemiology and Community Health, 57, 254-258.

Define Key Terms

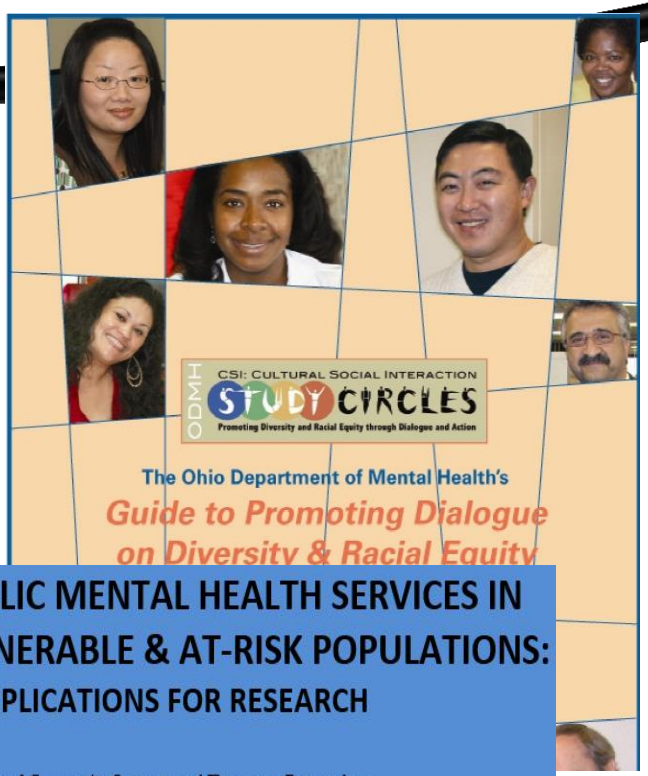
State of Ohio Cultural Competence Definition

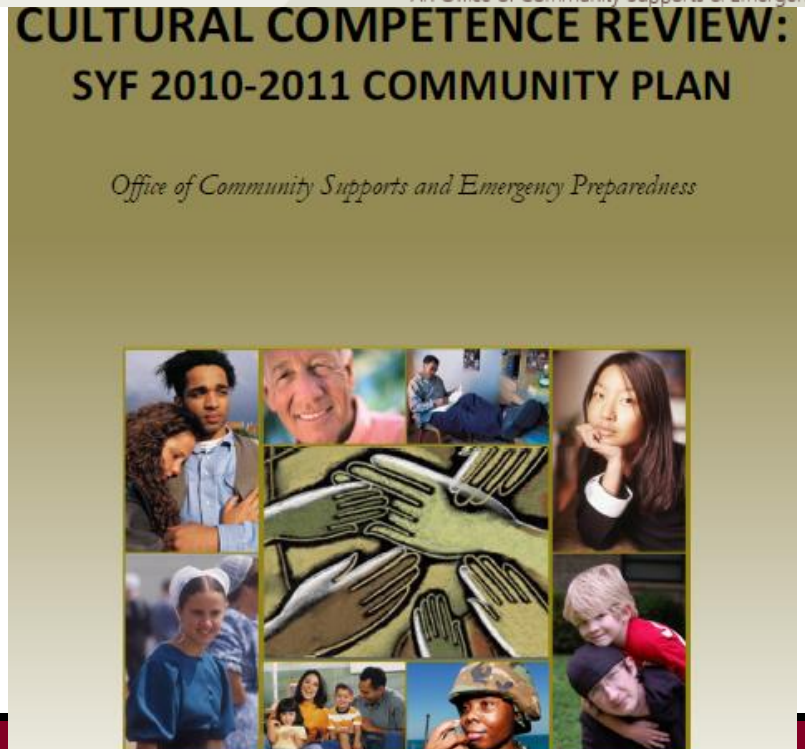
Cultural Competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.

Linguistic Competence

Linguistic Competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing.

Build on History





Ohio Department of Mental Health and Addiction Services

Document Number:	***COM-02***
Type of Document:	Policy
Authority Source:	Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq) and its implementing regulation, 45 CFR Part 84; Americans with Disabilities Act (ADA)
Document Title:	Central Office Interpreter Policy
Applicability Statement:	Central Office Employees Located in Rhodes Tower
Effective Date:	
Replaces:	ODMH: CR-01 (1-1-2010).
Distributed by:	Office of Community Support

A. Purpose.

1. Central Office (CO) interpreter guidelines will ensure that MHAS provides language interpreter services and translated materials as needed for individuals interacting with MHAS CO staff. This policy also establishes expectations and a consistent process for accessing interpreter services with the goal of ensuring that all communications are culturally and linguistically appropriate.

2. Implementation of the guidelines is expected to improve communication and foster greater understanding among consumers, family members, and staff who are in need of language interpreter services. We expect this to result in more effective and productive phone calls, meetings, training, or assistance and to foster an environment of increased cultural competence.

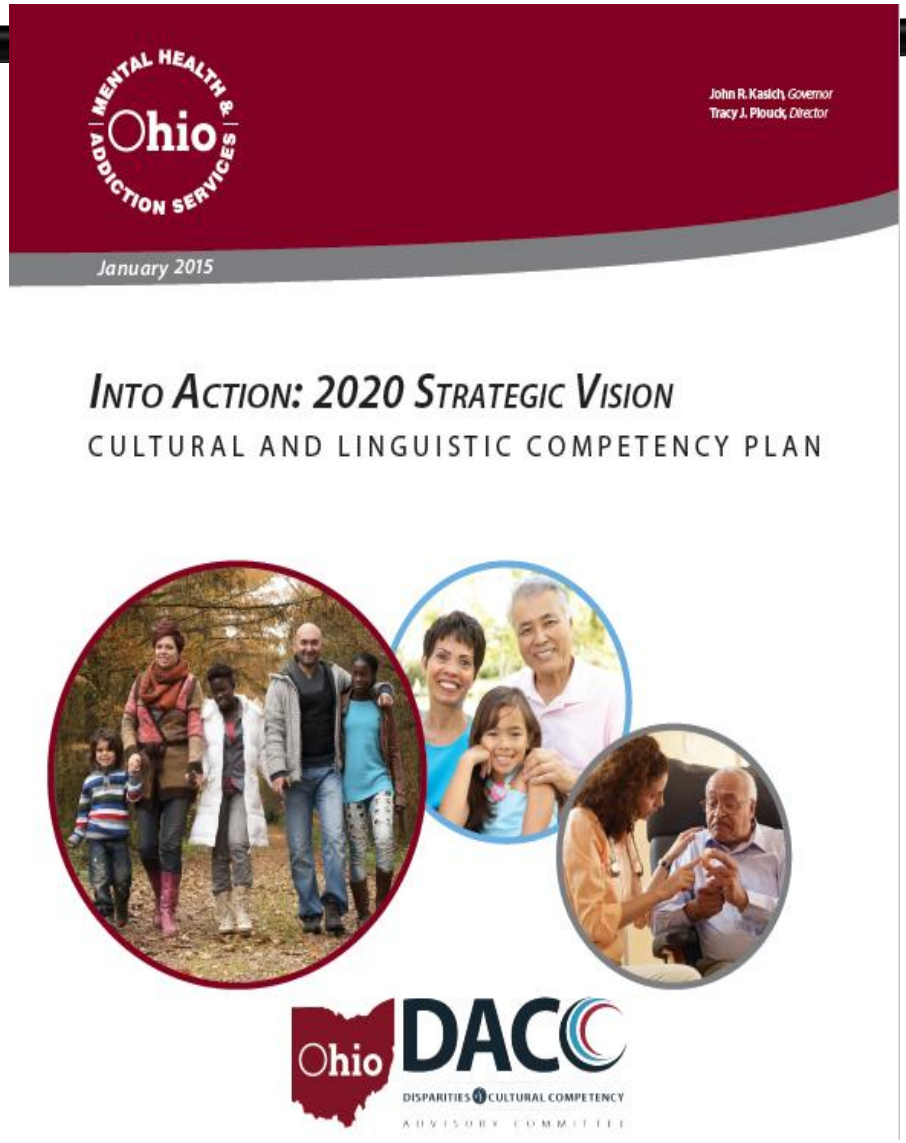
Ohio Department of Mental Health and Addiction Services

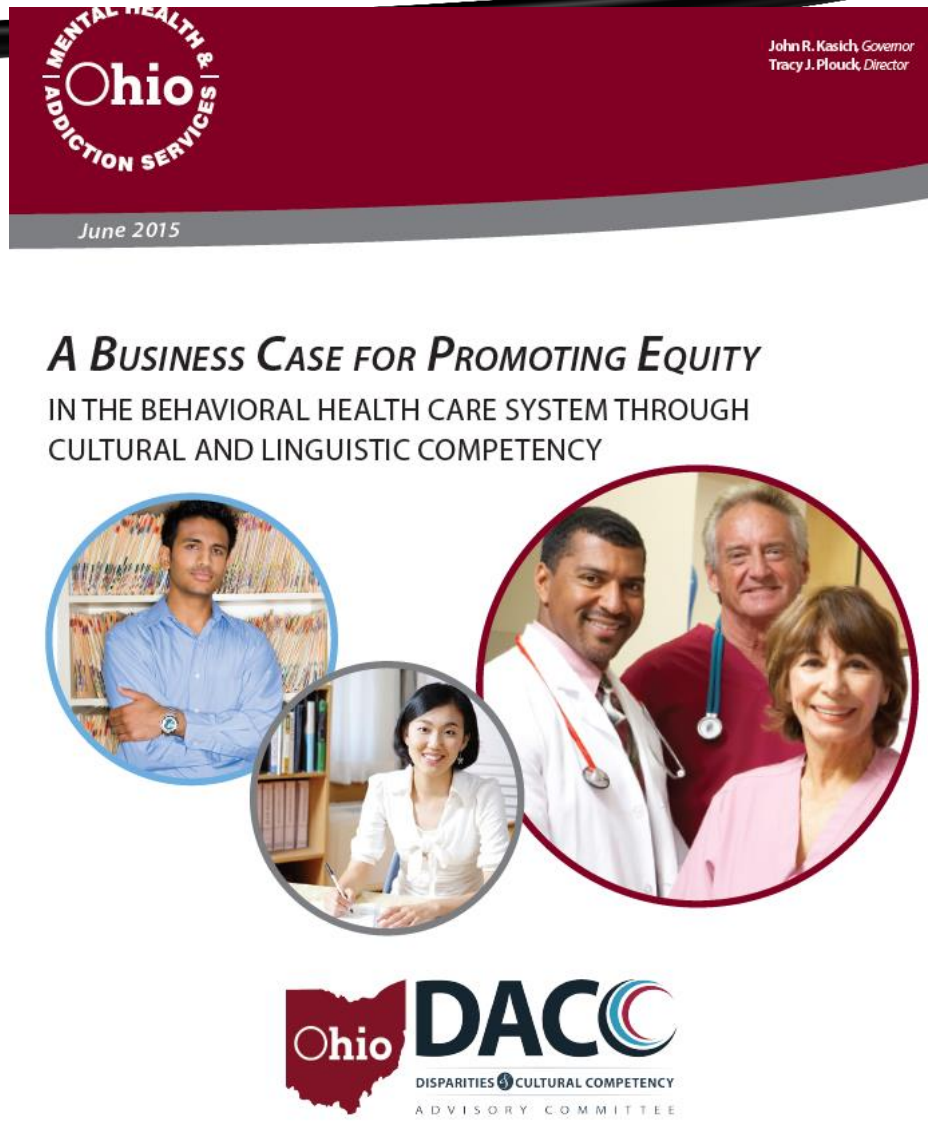
Document Number:	***MED-29***
Type of Document:	Policy
Authority Source:	RC §§ 5119.11 and 5122.01
Document Title:	Guidelines for Provision of Culturally Competent Patient-Centered Care
Applicability Statement:	Chief Executive Officers, Chief Clinical Officers, and Directors of Nursing at RPHs
Effective Date:	6-16-2014
Replaces:	ODMH: MD-29 (12-14-2010).
Distributed by:	Medical Director

A. Purpose.

The purpose of this policy is to promote systematic cultural proficiency through the development of policies, procedures, and training on the provision of respectful, culturally competent, patient-centered care.

Establish a Vision





DEVELOP POLICY

Policy	Structures	Practices	Value
Community participation is required in planning, implementation, and evaluation of organization's activities.	Community participation in: - committees - governing boards - task forces - focus groups - grant reviews - ad-hoc comm. - media outreach	Provide accommodations & other supports to assure participation (e.g. transportation, stipends, training, meetings held in accessible venues).	Community members are full partners in decision-making.

DEVELOP POLICY

- Community Engagement
- Client Engagement
- Language Access
- Training
- Staff Orientation
- Consumer Satisfaction
- Treatment/Service Outcomes

DEVELOP POLICY

Core Quality Indicators:

Ohio DACC
DISPARITIES & CULTURAL COMPETENCY ADVISORY COMMITTEE

Ohio Mental Health & Addiction Services

Behavioral Health Disparities Research Agenda for Ohio

January 2016

John R. Kasich, *Governor*
Tracy J. Plouck, *Director*

OHIO DISPARITIES RESEARCH ADVISORY COMMITTEE
Ohio Department of Mental Health and Addiction Services (OhioMHAS)

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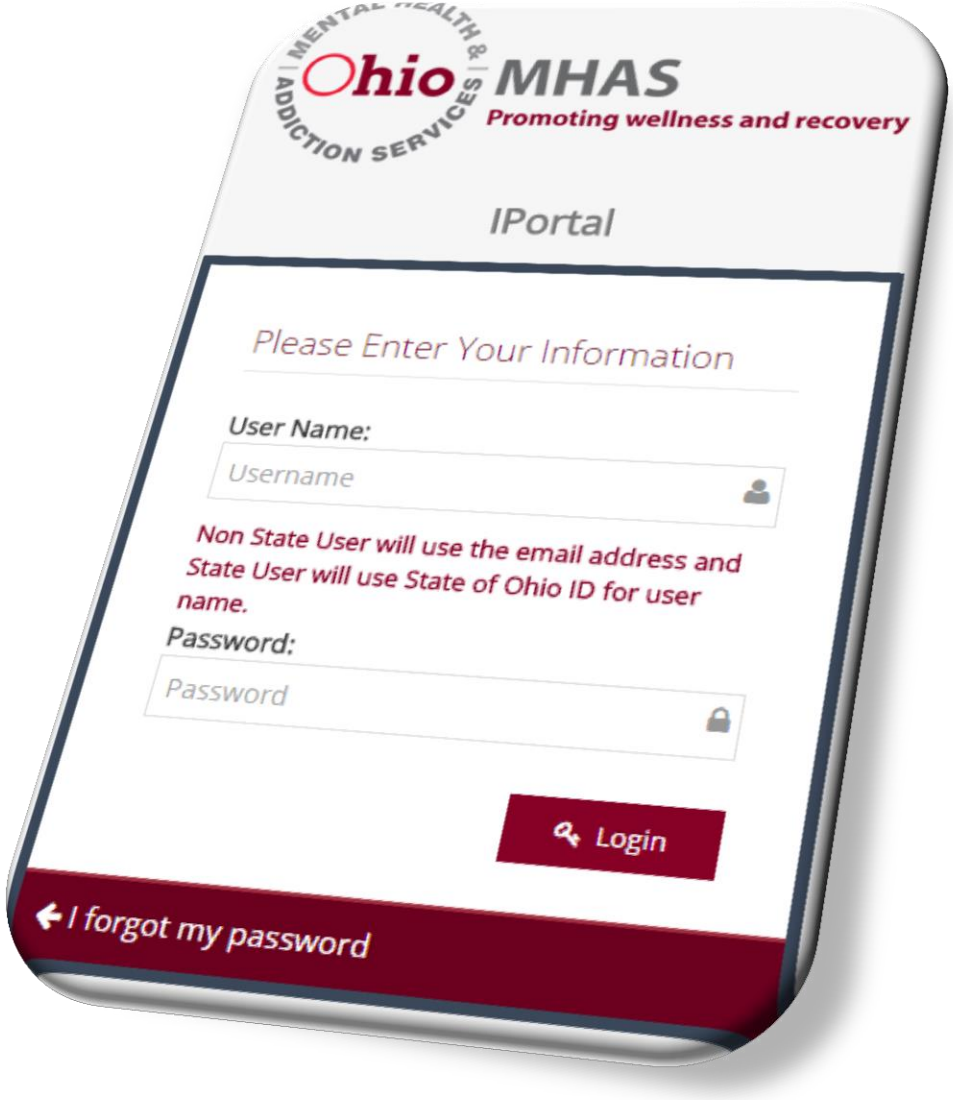
DEVELOP POLICY

Goal Area: DATA, RESEARCH AND EVALUATION

- Improve data availability, coordination and utilization in research and evaluation outcomes.

Strategy:

- Data: Ensure the availability of behavioral health data on all race and ethnic groups in Ohio.



DEVELOP POLICY

GRANTS FUNDING MANAGEMENT SYSTEM (GFMS)

- Describe disparities impacting the target population within the context of the grant.
- Describe the populations impacted.
- How were disparities addressed?
- Explain how proposed program interventions will address disparities.
- Would you like additional training or technical assistance around health disparities?

DEVELOP POLICY

- Ohio CLC Network is a membership that includes participation of over 50 organizations.
- Members will receive technical assistance on practices that lead to operationalization of the CLAS Standards.

Ohio
CULTURAL & LINGUISTIC COMPETENCY
NETWORK

DEVELOP POLICY

- The Network facilitates collaboration to improve organizational preparedness to serve diverse patients and individuals with lived experience.
- Help partners examine their ‘current state’ to initiate strategic planning.
- Collaboration is intended to enable alignment with emerging state/national policies or guidelines aimed at reducing disparities.

Ohio
CULTURAL & LINGUISTIC COMPETENCY
NETWORK

DEVELOP POLICY

DACC

DISPARITIES & CULTURAL COMPETENCY

LEARNING COMMUNITY

- What is it?
  a. Addresses: Engagement and Retention; Promising Practices
- Format:
  a. Panel Presentation
  b. Open Discussion Forum
  c. 3 Hours

DEVELOP POLICY

- Ohio's Amish Population
- Bridges Out of Poverty.
- Youth and Young Adults
- Disproportionate Minority Impact
- Historical Trauma

Ohio
CULTURAL & LINGUISTIC COMPETENCY
NETWORK

Next Steps

- Determine the org temperature and develop strategies to engage.
- Identify “change agents” and form a partnership.
- Build on existing policies.
- Utilize existing resources to beginning visioning.

Questions? T.A.

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